

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1179
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrant No. 30

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2940 Forest</u>		d. STREET ADDRESS <u>2940 Forest</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>JAMES</u> Last <u>CALLAHAN</u>		4. DATE OF DEATH Month <u>JAN.</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 29, 1905</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>BANK</u>	
10a. FATHER'S NAME <u>DEWIS D. CALLAHAN</u>		10b. MOTHER'S MAIDEN NAME <u>MYRTIE A. BALDERSON</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES W.W.I.</u>		12. SOCIAL SECURITY NO. <u>495-09-071</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Asthma</u>		14. INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>18 months</u> <u>4 years</u>	
15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		18. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 1953</u> to <u>Jan 1958</u> and last saw her alive on <u>Jan 1, 1958</u> Death occurred at <u>7:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Paul C. Platt M.D.</u>	
23. ADDRESS <u>612 Professional Bldg. S.C. Mo.</u>		24. DATE SIGNED <u>1/3/58</u>	
25. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		26. DATE <u>Jan. 4, 1958</u>	
27. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		28. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
29. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS - Kan. City, Mo.</u>		30. ADDRESS <u>1313 Broadway</u>	
31. DATE RECD. BY LOCAL REG. <u>1-4-58</u>		32. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

All diseases in Part I must be causally related.

Paul C. Platt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. C. Helman*

Licensed Embalmer No. *4441*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.